CalPERS

HIPAA Transaction
Standard Companion Guide

Refers to the X12N Implementation Guide 004010X095A1: 834 – Benefit Enrollment and Maintenance

Companion Guide Version Number: 2.1

July 18, 2008

Disclosure Statement

This companion guide is intended only to assist carriers with information that must be supplied by CalPERS for the Benefit and Enrollment transaction (834). This document is not an implementation guide. This guide only addresses information fields that:

- consist of information we are required to or allowed to supply you
- are identified as mutually defined
- are defined by the payer

Carriers must use the National Electronic Data Interchange Transaction Set Implementation Guide for Benefit Enrollment and Maintenance (834) for complete instructions on submitting this transaction. This companion guide does not modify any of the requirements of the Implementation Guide. Transactions must include all the information identified in the Implementation Guide as required information.

Changes Contained in this Version

Version 2.0 contains changes due to the forthcoming enhancements to my|CalPERS. Changes or additions to version 1.0 include the following items.

- Dependent Address
    - o Address information for Subscribers and Dependents will always be provided
- Enrollment Transactions for Rescissions
    - o For rescissions, CalPERS will provide the rescinded transaction and all of the subsequent transactions that must be reapplied to the Subscriber's health enrollment after processing the rescinded transaction
    - o To Indicate Rescinded Transactions, the following will be provided:
        - ▪ 'Maintenance Reason Code' (Reference field INS04) value of '14' will be sent to indicate that the health enrollment transaction is a rescission
        - ▪ 'Reference Identification' (CalPERS Reason Code) of the original transaction
    - o To Indicate Reapplied Transactions[i], the following will be provided:
        - ▪ Existing 'Maintenance Reason Code' (Reference field INS04) values used for health transactions[ii]
        - ▪ 'Reference Identification' (CalPERS Reason Code) that correlates to the CalPERS Reason Code of the original transaction
    - o For each rescinded and reapplied transaction, the following will be provided to clarify the health enrollment snapshot after a rescind or reapply transaction is processed:
        - ▪ 'Maintenance Reason Code' value of 'XN' which is used for notification only

Preface

This companion guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is electronically transmitted between CalPERS and our carriers. Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

Special thanks to Blue Shield for sharing their Companion Guide format with CalPERS.

Introduction

This section describes what X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that CalPERS has something additional, over and above, or different from, the information in the IGs. That information can:

✦   Establish the repeat of loops, or segments,
✦   Establish that Dependent loops follow the Subscriber loop, where applicable,
✦   Establish the length of a simple data element,
✦   Specify a sub-set of the IGs internal code listings,
✦   Clarify the use of loops, segments, composite and simple data elements, and
✦   Any other information tied directly to a loop, segment, composite, or simple data element pertinent to electronic transactions with CalPERS.

In addition to the row for each segment, one or more additional rows are used to describe CalPERS' usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

LEGEND:
SHADED rows represent "segments" in the X12N Implementation Guide.
NON-SHADED rows represent "data elements" in the X12N Implementation Guide.
"LOOP – SPECIFIC" comments should be indicated in the first segment of the loop.

Standard Page #	Loop ID	Reference	Name	Codes	Notes/Comments
A4	**NA**		**Interchange Control Header (ISA)**		
A.4	NA	NA	Delimiters	Data element separator = asterisk * Subelement separator = greater-than sign > Segment terminator = tilde ~	The 834 Implementation Guide (IG) specifies that the submitter (CalPERS) must specify the delimiters in the interchange header segment, ISA. We require that carriers use the delimiters we have specified.
B.4	NA	ISA05	Interchange ID Qualifier	30 U.S. Federal Tax ID Number (EIN)	Use **30**; no longer use Dunn & Bradstreet.
B.4	NA	ISA06	Interchange Sender ID	CalPERS EIN	**946207465** is sent.
B.5	NA	ISA07	Interchange ID Qualifier	30 U.S. Federal Tax ID Number (EIN)	Use **30**; no longer use Dunn & Bradstreet.
B.5	NA	ISA08	Interchange Receiver ID	Carrier's EIN	As described by each carrier.
B.6	NA	ISA15	Usage Indicator	P – production data T – test data	Handle file appropriately based on indication of Production or Test data.
B.8	**NA**		**Functional Group Header (GS)**		
B.8/19	NA	GS02	Application Sender's Code	CalPERS EIN	**946207465** is sent.
B.8/19	NA	GS03	Application Receiver's Code	Carrier's EIN	As described by each carrier.
B.9/20	NA	GS08	Version/Release/Industry Identifier Code	Current version of the 834	Use **004010X095A1**.
28	**NA**		**Beginning Segment**		
28	NA	BGN01	Transaction Set Purpose Code	00 = first send 15 = resubmit 22 = info only	• CalPERS will send only one original transmission per day. • The daily file will be sent in the evening of that day.

Standard Page #	Loop ID	Reference	Name	Codes	Notes/Comments
					• CalPERS requires a confirmation that the file was received, 997. • **22** is sent when the original transmission was lost or not processed, and another transmission of that same file is sent.
29	NA	BGN04	Time	= 0000	Time is always set to 00:00 (12:00 midnight).
31	NA	BGN06	Reference Identification	If BGN01 = 15 or 22, then BGN06 should reference the previously sent transaction.	Used only for re-submission of a lost or incorrect file. CalPERS operator should manually hard code the BGN02 of the previously sent file.
31	NA	BGN08	Action Code	2 = Change 4 = Verify	2 is used for daily files. 4 is used for full files.
32	**NA**		**Transaction Set Policy Number**		
32	NA	REF01	Reference Identification Qualifier	38 = Master Policy Number	Use **38**.
33	NA	REF02	Reference Identification	Master Policy Number	Put Master Policy Number.
35	**1000A**		**Sponsor Name**		
35	1000A	N101	Entity Identifier Code	P5 = Plan Sponsor	Use **P5**.
36	1000A	N103	Identification Code Qualifier	F1 = EIN	Use **F1**, Dunn & Bradstreet no longer used.
36	1000A	N104	Identification Code	CalPERS EIN	**946207465** is sent.
37	**1000B**		**Payer**		
37	1000B	N101	Entity Identifier Code	IN = Insurer	Use **IN**.
38	1000B	N103	Identification Code Qualifier	F1 = EIN	Use **F1**.
38	1000B	N104	Identification Code	Carrier's EIN	As described by each carrier.
43	**2000**		**Member Level Detail**		**First loop is for Subscriber, following loops are for Dependents. Complete family records are sent when a change is made to 1+ family members.**
44	2000	INS01	Yes/No Condition	Y = Subscriber N = Dependent	**Y** used when loop pertains to Subscriber. **N** used when loop pertains to Dependent.
44	2000	INS02	Individual Relationship Code	18 = Subscriber Use Table for Dependent. See CalPERS Table	**18** in Subscriber loop Appropriate code from table for Dependent.
45	2000	INS03	Maintenance Type Code	See CalPERS Table	**MAINTENANCE TYPE CODE** **001** sent when reporting demographic/leave changes. **030** sent for Full File and for Complete Record where the enrollee has no change. **001**, **021** & **024** sent for enrollment changes. When an enrollee changes health plans, the new carrier will receive **021**. The terminating carrier will receive **024**. • If the carrier chooses to use this segment, it cannot be used alone. For example, when we send **001** (change), this could be used to identify a coverage type change between Medicare/Basic or it can be used for a Premium Payment Method change to or from direct pay or demographic
45	2000	INS03 Continued	Maintenance Type Code Continued	See CalPERS Table Continued	Changes. • Note: There is no HD loop when terminating all

Standard Page #	Loop ID	Reference	Name	Codes	Notes/Comments
					coverage for Subscriber/ Dependents. INS03 = **024**, the 2000 DTP loop = 357 and there is no 2300 HD loop. • CalPERS sends a full file upon carrier request.
46	2000	INS04	Maintenance Reason Code	See CalPERS Table…CalPERS uses…01, 02, 03, 05, 07, 08, 09, 14, 20, 21, 22, 25, 28, 31, 32, 33, 37, 39, 40, 43, AI, XN & XT	**MAINTENANCE REASON CODE** **XN** for notification only, used in the daily Complete Record File or Full File to indicate that no change was made to enrollee. **33** sent exclusively to identify "coverage type changes" between Basic and Medicare enrollment. **07** sent to terminate plan when Subscriber changes health plans. **28** sent to new plan when Subscriber changes health plans. **20** sent exclusively to identify end of Direct Pay and a return to deduction. **AI** sent exclusively to identify new enrollment or change into DIRECT PAY. **25** sent for most demographic changes. (Health Activity Codes 01, 02, 04, 06, 08, 10, 11 & 12) **09** sent for new COBRA enrollments. **43** addresses change only. **37** sent exclusively for FMLA (Family Medical Leave Act). This is an exception, Leaves usually don't generate an INS04, but FMLA does. **14** sent to identify information that must be Rescinded to a Subscriber or enrollee • Since INS04 is not a required field, CalPERS will not send when Health Activity Code equals 5, 7, 9, 13 or 14 (Health Cert Dates, Retired Status, Leave Status, Return from Leave, or Relationship Change for Dependent). • There were insufficient ANSI codes to address all business needs. Consequently, it was necessary to assign certain ANSI values to handle specific business needs. For example: - ANSI code 33 is used exclusively to identify coverage type changes between Basic and Medicare. However, 33 will not tell you if this person is changing to Medicare or into Basic. Refer to INS06 to determine the actual coverage type. - ANSI code AI is used exclusively for Direct Pay. There was no Direct Pay ANSI value. - ANSI code 28 is used to initiate enrollment into the new plan when there are changes from one health plan to another health plan. - ANSI code 07 is used to terminate the old plan when indicating when there are changes from one health plan to another health plan. - ANSI code 14 is used to indicate a rescinded transaction; the 'Reference Identification' field will contain the original CalPERS reason code of the health enrollment transaction.
47	2000	INS05	Benefit Status Code	See CalPERS Table	No change at this time. May generate Claredi error H24120. This is COBRA related and may be changed at a later date.
48	2000	INS06	Medicare Plan Code	See CalPERS Table	Only values sent: **C** – Managed or Supplement to Medicare enrollment **E** – No Medicare, Basic enrollment. Also set as default if no information provided.
48	2000	INS07	COBRA Qualifying	See CalPERS Table	**COBRA QUALIFYING EVENT CODE**. This segment will only be sent upon initial COBRA enrollment. If unknown, default to "**1**" (Termination of Employment). • The initial COBRA QUALIFYING EVENT CODE is

Standard Page #	Loop ID	Reference	Name	Codes	Notes/Comments
					sent only upon the initial COBRA enrollment because it is only available on the initial COBRA enrollment. Once enrolled on COBRA, a COBRA enrollee may make changes like any other enrollee. For example, adding, deleting dependents, changing plans, etc. On these subsequent transactions, the initial COBRA QUALIFYING EVENT is not included, only the current transaction that is being performed. Therefore, **this segment is sent as a blank on all subsequent transactions**.
49	2000	INS08	Employment Status Code	See CalPERS Table	If not found, default to "**FT**" (Full Time). Required for Subscriber only. • If INS06 equals "C" (Medicare), then INS08 can only equal **FT**, **PT** or **TE** (Terminated). If INS06 equals C then Retired, Active Military and Leave of Absence send FT.
49	2000	INS09	Student Status Code	See Table	Not Sent. CalPERS does not track student status or require it for eligibility.
49	2000	INS10	Handicap Yes/No Condition	Blank for Subscriber Y = Yes N = No	**HANDICAP INDICATOR FOR SUBSCRIBER** Not available, sending **blank**. DEPENDENT LOOP: Y indicates Dependent is certified disabled. N indicates Dependent is not certified disabled. • If yes, disability certification and expiration dates are sent in Loop 2200, DTP.
50	2000	INS11	Date Time Period Format Qualifier	D8 = Date Expressed in Format CCYYMMDD	**D8** DEATH DATE sent in INS12 only if Subscriber death date is being reported. Otherwise, not sent.
50	2000	INS12	Date Time Period	DEATH_DATE	**DEATH DATE of Subscriber** is only reported when sending a health cancellation due to death. This death date should be the same as the EVENT DATE in Loop 2000, DTP03.
52/8	**2000**		**Subscriber Number**		
52/8	2000	REF01	Reference Identification Qualifier	OF = Subscriber Number	**OF** used.
52/8	2000	REF02	Reference Identification	Subscriber SSN	**SUBSCRIBER SSN** is sent.
53/9	**2000**		**Member Policy Number**		
53/9	2000	REF01	Reference Identification Qualifier	1L	**1L** used to indicate Payroll Office Code will be sent in REF02.
53	2000	REF02	Reference Identification	See CalPERS Table for Payroll Office Codes.	**PAYROLL OFFICE CODE** is sent unless it's a Direct Pay or COBRA, then send **S**. • If code **S** and INS05 is not equal to "C" (COBRA), then it is Direct Pay enrollment. Otherwise, it is COBRA. • If **Z** is ever received, this indicates a system error. Please check ACES for the correct value. • my|CalPERS does not always assign a payroll office code of "S" to direct pay because the business rules are a little different from ANSI. If you are comparing my|CalPERS to the ANSI file, please note there may be a difference in the payroll office code for Direct Pay. It is only necessary to report a problem if the ANSI file shows a direct pay enrollment with a payroll office code not equal to "**S**".
55	**2000**		**Member Identification Number**		
55 & 10/56	2000	REF01	Reference Identification Qualifier	ZZ	**ZZ** indicates that the 3 digit CalPERS REASON CODE will be sent in REF02.

Standard Page #	Loop ID	Reference	Name	Codes	Notes/Comments
55 & 10/56	2000	REF02	Reference Identification	See the Reason Code List provided by CalPERS, Health Benefits.

Note: The list of Reason Codes has expanded to account for codes that are associated with transactions that indicate a reapply which is needed when a transaction is rescinded. | **CalPERS REASON CODE** may be sent when we are reporting an enrollment change for the subscriber (INS04 not equal to XN and REF3H = 51).
• The reason code may tell you when we enroll a State permanent intermittent (PI) employee (reason codes 106 & 107). Some carriers may flag or monitor PI State employees because their health deductions are not paid consistently (nature of a PI enrollment). PI's health benefits are paid only if they are enrolled AND they worked a minimum number of hours in the month. If enough hours are not worked, CalPERS does not send a cancellation notice. For non-qualifying months the PI employee may or may not elect direct pay. Deductions resume when the PI has a qualifying month. Cancellation notices are only sent at the end of the control periods (twice a year) to terminate health benefits if sufficient hours were not accumulated during the control period.
• The reason code may indicate if information must be reapplied; for each Maintenance Reason code of '14', subsequent transactions will follow, if applicable for the health account. Reapplied transactions will be sent with the reason code sent along with the original transaction. |
| 55 & 10/56 | 2000 | REF01 | Reference Identification Qualifier | DX | **DX** indicates that EXTERNAL PLAN CODE + PARTY RATE is sent in REF02. |
| 55 & 10/56 | 2000 | REF02 | Reference Identification | See CalPERS or Standard Tables | **EXTERNAL PLAN CODE + PARTY RATE** 3 digit plan code and 1 digit party rate sent currently. Plan code may be expanded if regional pricing takes effect.
• External plan code and party rate tells you if the enrollment is for one party, two parties or a family and whether the enrollment is Basic only, Medicare only or a combination of the two. However, it does not tell you which person(s) in the family has basic and which has Medicare in a combined situation. See tables in Standard or the CalPERS tables. INS06 must still be utilized to determine which family members have Medicare and which ones have Basic.
• NOTE: If "ZZZZ" is ever received, this indicates a system error. Please check CHPIS for the correct value. |
| 55 & 10/56 | 2000 | REF01 | Reference Identification Qualifier | 3H | **3H** indicates that the CalPERS Health Enrollment Activity Code will be sent in REF02. |
| 55 & 10/56 | 2000 | REF02 | Reference Identification | See CalPERS Table | **CALPERS HEALTH ENROLLMENT ACTIVITY CODE** is always sent and identifies specific demographic changes.
00 sent to indicate there was no change to this person, when INS04 = XN. Part of complete record notification only.
13 sent for new leave status.
• 13 doesn't equate to going on Direct Pay. If enrollee goes on Direct Pay (DP), a separate DP enrollment transaction will be sent. The purpose of reporting the leave is to notify carriers that deductions **may** be affected. If an enrollee does not go on Direct Pay, a cancel coverage request will be sent in order to stop the enrollee's health coverage". For those enrollees on Direct Pay, if the enrollee does not pay premiums and the Carriers cancel coverage, Carriers should notify CalPERS of the canceled enrollment so updates can be made in my|CalPERS.
• A separate demographic transaction will be sent for each type of change, even if they are all done in one day. For example, a name change, an address change and a leave of absence processed for the same individual will generate 3 separate |

Standard Page #	Loop ID	Reference	Name	Codes	Notes/Comments
					transactions.
55 & 10/56	2000	REF01	Reference Identification Qualifier	6O	**6O** indicates that the QUALIFYING SSN will be sent in REF02.
55 & 10/56	2000	REF02	Reference Identification		**QUALIFYING SSN** is sent only if it exists. Qualifying SSN is a cross reference SSN for COBRA enrollees and survivors. It's the original person that qualified this person for health coverage. • Qualifying SSN is not the same as Financially Responsible SSN which is discussed in Loop 2100G, NM1.
59	2000		Member Level Dates		**097, 395 & 396 no longer sent.**
59	2000	DTP01	Date/Time Qualifier	See Standard & CalPERS Table	EVENT DATE is sent in DTP03. **356** sent for all new enrollments, addition of dependents, plan changes (new plan), and all changes to direct pay. **357** sent for all deletion of dependents and for terminations. **303** sent for address change, retirement date, leave and return from leave. • If there is a change, see CalPERS table for reason codes (series 100 through 800) and unique reason codes. If no change to enrollee, INS04 = XN. • If the health enrollment activity code = 91, 1, 2, 4, 5, 6, 8, 9, 10, 11, or 12, then **THERE IS NO DTP (Event Date)**. **340** sent for COBRA begins. If COBRA (INS05 = C) then loop repeated for COBRA start date. Start and End dates always sent with all COBRA related transactions. COBRA START DATE is sent in DTP03. **341** sent for COBRA ends. If COBRA (INS05 = C) then loop repeated for COBRA end date. COBRA END DATE is sent in DTP03.
60	2000	DTP02	Date/Time Period Format Qualifier	D8	**D8** EVENT DATE expressed in CCYYMMDD format.
60	2000	DTP03	Date Time Period	Event Date	**EVENT DATE** represents the date of a qualifying event. Example, marriage, divorce, adoption and birth dates. • In case of termination/deletions, the effective date will be sent here. No Loop 2300, HD is sent for cancels (per interpretation of Standard by CalOHI). **COBRA START DATE** is the original start date and may be different from the effective date. Example: COBRA enrollment from 1/1/99 to 7/1/00 with Plan A. Open enrollment change to Plan B effective 1/1/00. COBRA START DATE will always be 1/1/99. Effective date sent in Loop 2300 will be 1/1/00. **COBRA END DATE** is the original end date. If COBRA must be extended, then current COBRA enrollment is cancelled and a new COBRA enrollment is processed with extended dates. Per above example, COBRA end date is always 7/1/00.
61/11	2100A		Member Name		
62	2100A	NM101	Entity Identifier Code	IL or 74	Use 2100A to report the Subscriber info; this is ALWAYS required. **IL** sent for DOB, Gender, etc (not 74 demographics). When the health enrollment activity change = N (no change) and anytime INS03 = "030". • NM101 = IL if health enrollment activity code equals 00, 51, 4, 6, 10, 11 (birthdate or gender change) for Subscriber or Dependent. **74** sent for demographics of 1st & last name and for SSN. "74" in 2100A means changes to ID info in

Standard Page #	Loop ID	Reference	Name	Codes	Notes/Comments
					2100A, NM segments (SSN, Last Name, First Name, Middle Initial, etc.) and permits a "70" in 2100B. • NM101 = 74 if health enrollment activity code equals 1, 2, 8, 12 (SSN or name change for Subscriber or Dependent.
62	2100A	NM102	Entity Type Qualifier	1	**1** Sent for PERSON.
62	2100A	NM103	Name Last		LAST NAME.
62	2100A	NM104	Name First		FIRST NAME.
62	2100A	NM105	Name Middle		MIDDLE NAME (Optional).
62	2100A	NM106	Name Prefix		Not Used.
62	2100A	NM107	Name Suffix		NAME SUFFIX (Optional).
63	2100A	NM108	Identification Code Qualifier		ENROLLEE SSN sent in NM109.
63	2100A	NM109	Identification Code		**ENROLLEE SSN** In the Subscriber loop, the enrollee SSN is the same as the Subscriber SSN sent in Loop 2000, REFOF. In the Dependent loop, the enrollee SSN would be the Dependent's, if one is available.
64	2100A		Member Communications Numbers		PHONE NUMBER sent only if available and only one will be sent. Phone number changes are currently NOT included in the Carrier Report with other demographic changes. Therefore, carriers will not receive a specific transaction to report phone number changes. Instead, the most current phone number (if available) will always be included whenever we report any other health change for the member. It is up to the carrier to decide if they wish to replace the phone number with the one we are including in the health transaction. Some carriers do not replace the phone number because they believe their system contains a more current phone number than CalPERS. Carrier choice.
64	2100A	PER01	Contact Function Code	IP	**IP** SUBSCRIBER PHONE NUMBER sent in PER04 if available.
64	2100A	PER03	Communication Number Qualifier	See CalPERS Tables	**TE** sent exclusively to identify international phone number. Since international phone numbers are a free form field, not all carriers can accommodate this type of phone number. If this is the case, the carrier may identify such phone numbers by looking for a qualifier of "TE". Carrier may ignore this segment or capture it on a report if they wish.
64	2100A	PER04	Communication Number	See Standard Table	**AREA CODE + PHONE NUMBER** International phone number could be sent if that's the only one available and if provided by the enrollee.
64	2100A	PER05	Communication Number Qualifier	EX or Blank	**EX** If Telephone number is sent, the TELEPHONE EXTENSION must also be sent in PER06. If extension is not provided, send as blank.
65	2100A	PER06	Communication Number	TELEPHONE EXTENSION NUMBER	**TELEPHONE EXTENSION NUMBER** sent or leave blank.
67	2100A		Member Residence Street Address		Situational, send when enrolling new Subscriber, enrolling Dependents where residence address is different from Subscriber, and when changing Subscriber address.
67	2100A	N301	Address Information	Street Address	**STREET ADDRESS** - Carrier Decision Point. • Every transaction that is sent must include an address. Carriers have to make the decision if they are going to replace the address every time one is

Standard Page #	Loop ID	Reference	Name	Codes	Notes/Comments
					received from CalPERS when the address doesn't match their system. Many carriers accept address changes from Subscribers and then advise the Subscriber to contact their employer or CalPERS. Most carriers have opted to ignore the address segment on regular transactions and overlay the address only when REF3H indicates that we are sending an actual address change transaction.
67	2100A	N302	Address Information	See CalPERS Table	**SUPPLEMENTAL ADDRESS CODE** Example: "**C/O**" means care of.
68	2100A		Member Residence City, State, Zip		
68	2100A	N401	City Name	City	**CITY**.
68	2100A	N402	State Code	State	**STATE**.
69	2100A	N403	Postal Code	Zip Code	**ZIP CODE** sent, generally 5 digits, but additional 4 and 2 digits may be provided if available.
69	2100A	N404	County Code		**COUNTRY CODE** required only if the country is not the USA.
69	2100A	N405	Location Qualifier	60 = Area Code	**60** confirms the ELIGIBILITY ZIP CODE sent in 2100A.N406, but only when reporting a new enrollment or plan change where the Subscriber's eligibility zip code is different from N403 zip code. Otherwise, not sent. • This eligibility zip code is provided when a Subscriber's mailing zip code is not eligible for the health plan selected, but their residence zip code is eligible. Some carriers send out letters to Subscribers when they reside outside the service area, telling them that they are ineligible and must change health plans. If the carrier has such a process, then it is essential that they capture this eligibility zip code to prevent incorrect letters from being sent out.
69	2100A	N406	Location Identifier	ELIGIBILITY ZIP CODE	**ELIGIBILITY ZIP CODE** sent when applicable.
70/12	2100A		Member Demographics		
70/12	2100A	DMG01	Date Time Period Format Qualifier	D8	**D8** sent confirms BIRTHDATE sent in DMG02.
71/13	2100A	DMG02	Date Time Period	BIRTHDATE	**BIRTHDATE**.
71/13	2100A	DMG03	Gender Code	SEX	**SEX**. • "UNKNOWN" may be sent for some dependents, never a Subscriber. Gender information is not available for a small group of economically dependent children that were converted from the Legacy system. No new enrollees can be added with an "unknown" sex. Most carriers have to default a gender. It has been recommended that if a default is necessary, the carrier consider defaulting to "female" since more medical services are generally available.
80	2100B		Incorrect Member Name		
81	2100B	NM101	Entity Identifier Code	70	**70** Prior Incorrect Insured indicates identifying or demographic information on an enrollee is being corrected. No change to pre 3/21/04 processing, as process works.
81	2100B	NM102	Entity Type Qualifier	1	**1** sent to indicate a PERSON.
81	2100B	NM103	Name Last		**PRIOR LAST NAME** (If REF 3H = 2) If last name didn't change, send current last name.

Standard Page #	Loop ID	Reference	Name	Codes	Notes/Comments
81	2100B	NM104	Name First		**PRIOR FIRST NAME** (If REF 3H = 2) If first name didn't change, send current first name.
81	2100B	NM105	Name Middle		**PRIOR MIDDLE NAME (**If REF 3H = 2) If middle name didn't change, send current middle name.
81	2100B	NM107	Name Suffix		**PRIOR NAME SUFFIX (**If REF 3H = 2) If not available, sent as blank.
82	2100B	NM108	Identification Code Qualifier	34 = SSN ZZ + Mutually Defined	**34** send PRIOR SSN (If REF3H = 1) in NM109. Otherwise, sent as blank.
82	2100B	NM109	Identification Code		**PRIOR SSN** sent (If REF3H = 1). Otherwise, sent as blank.
83	2100B		Incorrect Member Demographics		Following segments sent only if Subscriber sex or birthdate change.
83	2100B	DMG01	Date Time Period Format Qualifier	D8	**D8** sent confirms the date sent in DMG02 is CCYYMMDD.
84	2100B	DMG02	Date Time Period		**PRIOR BIRTHDATE** sent if (REF3H = 6). Current birthdate sent if there was no change to birthdate, but change to sex.
84	2100B	DMG03	Gender Code		**PRIOR SEX** sent if (REF3H = 4). Current sex will be sent if there was no change to sex, but change to birthdate.
90	2100D		Member Employer		
90	2100D	NM101	Entity Identifier Code	ES	**ES** sent to confirm data pertains to employer name.
91	2100D	NM102	Entity Type Qualifier	2	**2** sent to confirm the data pertains to an organization. When implemented, the National Identifier for the employer will be sent in 2100D.NM103.
91	2100D	NM103	Name Last	EMPLOYER UNIT CODE	**EMPLOYER UNIT CODE** (Example: 5672275). • If "ZZZZZZZ" sent, indicates system error. Please check ACES for the correct value. • Employer and Unit code terminology is a little confusing. The first four digits will always be the PERS Employer Code (example 5672). The next three digits is the Public Agency unit code when it is a Public Agency enrollee. If it is a State enrollee, this code is the State Agency Code (example: CalPERS is 275). These codes may not always match the HBD-12C for State employees since we did not previously send the 4 digit employer code for State enrollees.
91	2100D	NM108	Identification Code Qualifier	ZZ	**ZZ** sent to confirm that EMPLOYER NAME follows in 2100D NM109.
91	2100D	NM109	Identification	EMPLOYER NAME	**EMPLOYER NAME** (Example: Dept. of Transportation). • Text description of the employer name is sent for those carriers that track employer name. It was not feasible to expect carriers to translate the codes sent in REF02. There are thousands of agencies that contract with CalPERS and this would create a maintenance nightmare if carriers were expected to keep track of all the employer/agency code changes. • The length of this field is up to 80 characters which has posed some challenges for a few carriers. One issue pertaining to Food and Agriculture Districts came up numerous times. Coordinate with CalPERS is this is an issue.
115/15	2100G		Responsible Person		Financially Responsible Name/SSN is sent only when survivor children are eligible for health benefits, but a third party must pay. This is not the same as the Qualifying SSN. The Qualifying SSN would be for the deceased person who qualified the children for benefits and the Financially Responsible SSN would be the third party who pays the premiums.

Standard Page #	Loop ID	Reference	Name	Codes	Notes/Comments
115/15	2100G	NM101	Entity Identifier Code	QD = Guardian	**QD** sent to identify the Responsible Party.
115/15	2100G	NM102	Entity Type Qualifier	1	**1** sent to indicate Person.
115/15	2100G	NM103	Name Last		**FINANCIALLY RESPONSIBLE NAME** sent on both NM103 and NM104 since CalPERS does not differentiate between person and organization. As a result, First Name and Last Name will be in the same field. By reporting in both the NM103 and NM104, CalPERS will be compliant with ANSI Standards.
115/15	2100G	NM104	Name First		Same as **FINANCIALLY RESPONSIBLE NAME** Above.
117	2100G	NM108	Identification Code Qualifier	34	**34** sent to confirm the SSN of the Financially Responsible Person follows in NM109.
117	2100G	NM109	Identification Code		**FINANCIALLY RESPONSIBLE PERSON'S SSN** sent when different from Subscriber and person is not covered on enrollment.
124	2200		Disability Information		
124	2200	DSB01	Disability Type Code	See CalPERS Table	**2** (Long Term Disability) is the only value sent. NO CHANGE from pre 3/21/04. It is not compliant to send cancels or transactions that include disabled Dependents, the disability indicator and dates are always associated with disabled Dependents. However, CalPERS will continue to do so until we resolve the complete record issue. This enrollment may move to a COBRA enrollment with no Re-certification of disabled Dependent.
126	2200		Disability Eligibility Dates		Situational, send when enrolling a disabled member or when disability info is added or changed for a disabled member.
126	2200	DTP01	Date/Time Qualifier	See CalPERS Table 360 = Disability Begin 361= Disability End	This loop will be sent two times. **360** sent in first loop for disability begins. **361** sent in second loop for disability ends.
126	2200	DTP02	Date Time Period Format Qualifier	D8	NO CHANGE – SAME AS 2200 DSB01.
127	2200	DTP03	Date Time Period		**DISABILITY CERTIFICATION AND EXPIRATION DATES** sent for disabled Dependents. • We are sending two dates. A disability certification date and an expiration date. If the carrier cannot accommodate both dates, then it's recommended that they use the expiration date. Even if they can accommodate both dates, the actual certification date may or may not be useful to them.
128	2300		Health Coverage		Situational, send when enrolling a new member or when adding, updating or removing coverage from an existing member. NOT SENT FOR TERMINATIONS or DELETIONS. No HD loop will be sent for demographic changes, leaves, return from leave and retirement dates (refer to event date in Loop 2000 DTP). No HD loop will be sent for the Subscriber if there was no change, (INS04 = XN or REF03 = 00). Same for Dependents if (INS04 = XN or REF3H = 00).
128	2300	HD01	Maintenance Type Code	See CalPERS Table	**MAINTENANCE TYPE CODE**. See Table. • This is a required segment, so always sent. If the carrier is going to use this segment, it cannot be used alone. For example, "**001**" (change), could be used to identify a coverage type change between Medicare/Basic or it can be used for a Premium Payment Method change to or from direct pay. This is similar to INS03.
129	2300	HD03	Insurance Line Code	See CalPERS Table	**INSURANCE LINE CODE**. See Table for complete listing; Use **HLT** for Health, **DEN** for Dental, and **VIS**

Standard Page #	Loop ID	Reference	Name	Codes	Notes/Comments
					for Vision.
132	2300		Health Coverage Dates	Don't send cancellations here, sent in Loop 2000.DTP.	
132	2300	DTP01	Date Time Qualifier	See CalPERS Table 348 = Benefit Begin 303 = Maintenance Begin	**348** sent for new enrollment, to add dependents & plan change (new plan). **303** sent for coverage type change (Medicare/Basic), beginning or ending direct pay.
133	2300	DTP02	Date Time Period Format Qualifier	D8	**D8** defines format CCYYMMDD.
133	2300	DTP03	Date Time Period		**EFFECTIVE DATE** of the 348 or 303 change. • Sent for newborns and adopted children, who are covered from birth or adoption date (Loop 2000.DTP event date). But effective date for premium change is the 1st of the month following the event date.
139	2310		Provider Information		Situational, send when an enrollee provides info with enrollment. Loop repeats for each PCP. Also send when enrollee changes PCP. Provider/PCP info sent only if REF3H = 51 AND INS03 = 021 AND INS04 is **not equal** to XN. Only one PCP/PROVIDER will be sent per person. CalPERS will only send the initial provider selection. We don't process provider changes (changes must be done with the health plan). Provider info is a free form field and will be sent as provided by the enrollee (could be a name, clinic, ID#, etc.). Otherwise, NOT SENT. 2310 requires sending a "counter" if provider info is sent.
139	2310	LX01	Assigned Number	1	Counter only – provider info sent in NM103.
140	2310		Provider Name		
141	2310	NM101	Entity Identifier Code	P3	**PRIMARY CARE PROVIDER** qualifier always sent as **P3**. Other types currently not tracked in our database.
141	2310	NM102	Entity Type Qualifier	2	**2** CalPERS will always send the provider info as an Organization Name even if the fields are made up of First, MI, Last Name.
141	2310	NM103	Organization Name		**PROVIDER NAME** CalPERS will always send the provider info as an Organization Name even if the fields are made up of First, MI, Last Name.
142/16	2310	NM110	Entity Relationship Code	72	CalPERS will always use code **72**, since we do not track this information.

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[i] Reapplied transactions are health enrollment transactions that follow the rescinded transaction. Once a health enrollment transaction is rescinded, each transaction following the rescinded transaction needs to be evaluated to ensure that no dependencies are carried forward to subsequent health enrollment transactions.
[ii] Current maintenance reason codes used:
- **XN** for notification only, used in the daily Complete Record File or Full File to indicate that no change was made to enrollee
- **33** sent exclusively to identify "coverage type changes" between Basic and Medicare enrollment.
- **07** sent to terminate plan when Subscriber changes health plans.
- **28** sent to new plan when Subscriber changes health plans.
- **20** sent exclusively to identify end of Direct Pay and a return to deduction.
- **AI** sent exclusively to identify new enrollment or change into DIRECT PAY.
- **25** sent for most demographic changes. (Health Activity Codes 01, 02, 04, 06, 08, 10, 11 & 12)
- **09** sent for new COBRA enrollments.
- **43** addresses change only.
- **37** sent exclusively for FMLA (Family Medical Leave Act). This is an exception, Leaves usually don't generate an INS04, but FMLA does.
- **14** sent to rescind information to Subscriber or enrollee (not applicable for 'reapply transactions')